## STATE OF NEBRASKA NEBRASKA MOTOR VEHICLE INDUSTRY LICENSING BOARD P.O. BOX 94697, LINCOLN, NE 68509 402-471-2148

Application for

**FEE:** \$70

(Collected after inspection and approval)

## MOTOR VEHICLE AND TRAILER WRECKER & SALVAGE DEALER LICENSE

Аp	plication of			
for 194	(Firm name under which business is conducted) a license to engage in the business of selling or exchanging motor vehicle or trailer parts and accessories in accordance with Ch. 60, art. 14, R.R.S., 13, as amended, and in connection herewith makes the following Material Statements:			
1.	Address			
	(Street) (City) (State) (Zip Code)			
	County: If the above address is a rural location, please give directions to find the dealership:			
2.	2. Does this location conform to applicable zoning laws? (Please supply a zoning permit or letter from the proper authority confirming your zoning compliance.)			
3.	(a) Your declared office hours: a.m. to p.m. (b) Dealership Phone Number: ()			
4.	Applicant is doing business as (check one): (a) Individual (b) Partnership (c) Corporation / LLC			
	(a) Give the name and address of Individual Owner, or (b) Names and addresses of Partners, or (c) Names, addresses and titles of Corporate Officers or members of the LLC:			
5.	Describe fully the building and actual premises where the business is or will be operated (including square feet of building and lot).			
6.	. Indicate whether the proposed location is owned or leased by the applicant If the location is leased, a copy of the lease for at least the current calendar year must accompany this application.			
7.	. Will the building and actual premises be maintained as a bona fide and established place of business?			
8.	. Will all motor vehicle and trailer wrecker and salvage records be kept separately from other business or personal records?			
9.	Submit with this application a photograph of the place of business, showing the permanently erected dealership sign in the photo. (The dealership name on the sign must be in letters at least eight inches in height.)			
10.	(a) Have any of the above persons ever been found guilty of any felony that has not been pardoned?  (b) Have any of the above persons ever been found guilty of any misdemeanor concerning fraud or conversion?  (c) Have any of the above persons suffered any judgment in any civil action involving fraud, misrepresentation or conversion?  Yes No  (d) Are any felony charges pending against any of the above persons at the present time?  Yes No			
	If YES, please give details			

## THE OATH ON THE REVERSE SIDE MUST BE SIGNED

*NOTE*: After inspection and upon approval of this application, please resubmit this application along with the Inspection Report and the Fee in the proper amount made payable to the Nebraska Motor Vehicle Industry Licensing Board. No currency please.

## PERSONAL OATH

STATE OF NEBRASKA	)	
County of	)	
	haina	first duly sworn, upon oath deposes and says: That he/she is the applican
who makes the above and foreg contained are true.		has read the same, knows the contents thereof, and that all statements therein
		(Signature of Applicant)
SUBSCRI	BED in my presence and sworn t	to before me thisday of,
		(Notary Public)
	PAR	TNERSHIP OATH
STATE OF NEBRASKA	)	
County of	´)	
•		
		, being first duly sworn, a partnership (firm
	p (firm) (association); that they l	verification and have executed the same for themselves and all members thereof, and have read the above and foregoing application, know the contents thereof and that all
		(Signature of Partner)
		(Signature of Partner)
SUBSCRI	BED in my presence and sworn t	o before me this,,
		(Notary Public)
	CORPORATION or LIM	IITED LIABILITY COMPANY OATH
STATE OF NEBRASKA	)	
	)	
County of		, being first duly sworn, upon oath deposes and says:
Liability Company, that they have	cretary, respectively, or members e executed the above and foregoread the same, know the content	
(Signature of Pr	resident)	(Signature of Member)
(Signature of Se	ecretary)	(Signature of Member)
SUBSCRIBED in	my presence and sworn to before	e me this,,
		(Notary Public)